

MEDICAL BOARD OF CALIFORNIA LICENSING PROGRAM

1426 Howe Avenue, Suite 54
Sacramento, California 95825

PHYSICIANS AND SURGEONS

QUICK-REFERENCE TELEPHONE NUMBERS

Cashiering/Renewal Section	(916) 263-2637
Consumer Information Unit (Telephone Center)	(916) 263-2382
CME Coordinator	(916) 263-2645
Fictitious Name Permits	(916) 263-2384
Letters of Good Standing	(916) 263-2382
Microfilm Records	(916) 263-2382

**For Information on any of the following,
please contact the Consumer Information
Unit at (916) 263-2382:**

- ♦ Inactive Status
- ♦ Disabled Status
- ♦ Military Status
- ♦ Retired Status
- ♦ Voluntary Service Status
- ♦ Name Changes
- ♦ Duplicate Wallet Licenses
- ♦ Wall Certificates

Initial Licensing Information (916) 263-2382

(Medical Board of California 10/05)



MEDICAL BOARD OF CALIFORNIA

INSTRUCTIONS AND INFORMATION FOR PHYSICIAN'S AND SURGEON'S LICENSE RENEWAL

*The Mission of the
Medical Board of California
is to protect healthcare consumers through the
proper licensing and regulation of physicians
and surgeons and certain allied healthcare
professions and through the vigorous,
objective enforcement of the
Medical Practice Act.*

Breast Cancer Treatment Brochure

California law requires physicians to provide patients with an informational brochure on breast cancer treatment options prior to providing treatment or performing a biopsy. A 32-page brochure has been developed by the California Department of Health Services and is available from the Medical Board of California free of charge. To obtain copies of the brochure, you may fax your request to (916) 263-2479 or write to:

BREAST CANCER TREATMENT OPTIONS

Medical Board of California
1426 Howe Avenue, Suite 54
Sacramento, CA 95825

Please specify the number of copies and provide your return address. Copies are available in bundles of 25 and supply may be limited.

To obtain copies of California's Laws relating to physician and surgeon licensure, please contact:

LexisNexis
1275 Broadway
Albany, NY 12204
(800) 223-1940 Fax: (800) 544-6572
e-mail: customer.support@lexisnexis.com
Web site: www.lexisnexis.com/bookstore

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IMPORTANT!

PRIOR TO COMPLETING THE RENEWAL APPLICATION, PLEASE READ ALL INSTRUCTIONS AND INFORMATION ON ALTERNATIVE LICENSE STATUS CLASSIFICATIONS TO ENSURE THAT YOUR RENEWAL WILL BE PROCESSED IN A TIMELY MANNER.

PLEASE ALLOW 8 WEEKS TO PROCESS YOUR LICENSE RENEWAL.

INTERNET WEB SITE

The Medical Board of California has available on the Internet a Web site which contains various categories of public and disciplinary information on physicians, including links to other informational Web sites. This information is updated on a regular basis. The Board's Web site can be accessed on the Internet at
<http://www.caldocinfo.ca.gov>

BOX "D"
CONTINUING MEDICAL EDUCATION (CME)

Medical Board of California (Board) regulations require that a physician complete an average of 25 hours of approved CME each calendar year, or at least 100 hours every four years, in order to renew his or her license. The Board recognizes those credits that the California Medical Association (CMA), the American Medical Association (AMA), or the American Academy of Family Physicians (AAFP) designate as meeting the criteria for Category 1 credit, and coursework offered by other providers who meet the Board's criteria for approved CME set forth in its regulations.

INSTRUCTIONS

In order to renew his or her license, each physician who has been licensed in California for four or more years must certify compliance with the CME requirement by **SIGNING the CME statement in BOX "D"** of PART 3 on the license renewal application. It constitutes unprofessional conduct for any physician to misrepresent his or her compliance with CME requirements. In order to ensure compliance, the Board conducts a random audit each year. Those physicians selected for the audit are required to submit acceptable documentation of their CME attendance to verify their compliance with the CME requirement.

If you have been licensed for less than four calendar years, **SIGN the CME certification statement in BOX "D"** of PART 3 of the renewal application to report your progress toward compliance with the CME requirement. If you have not completed sufficient CME hours, you must either make them up prior to the next renewal of your license, **or** request a waiver from the Board. If a waiver is approved, you may be exempt from CME for that renewal period. If the waiver is denied, you will be required to make up all deficient hours over your next renewal period and document to the Board 150 CME hours by the end of that renewal period. Failure to do so will make you ineligible to renew your license until the hours have been satisfactorily documented to the Board.

Regulations require that each physician maintain records for a minimum of four years of all CME programs attended which indicates the title of the course or program attended, dates of attendance, the number of hours received for successfully completing the course, the length of the course, the sponsoring organization and the accrediting organization which may be needed in the event of an audit.

RESIDENCIES OR CLINICAL FELLOWSHIPS:

If you are currently in an approved postgraduate residency training program or an approved clinical fellowship, **SIGN BOX "D"** of PART 3. Physicians participating in these types of programs are credited with the equivalent of 6 hours of approved CME for each month of participation and meet the CME requirement.

This means that if a physician performs surgery under anesthesia that has the probability of placing the patient at risk of losing life-preserving protective reflexes, then the setting must be licensed or accredited.

The law specifies certain outpatient surgery settings to be excluded from the accreditation requirement, such as ambulatory surgical centers certified to participate in the Medicare program under Title XVIII, health facilities licensed as general acute care hospitals, federally operated clinics, facilities on recognized tribal reservations, and facilities used by dentists or physicians in compliance with Article 2.7 or Article 2.8 of Chapter 4 of Division 2 of the B&P Code, as outlined in Health and Safety Code (H&S) Section 1248.1. A facility does not need to be accredited if it is one specified in that code section.

Physicians presently performing surgery under the anesthesia level described above in unlicensed settings, such as their offices, must seek accreditation from one of the following four accreditation agencies currently approved by the Medical Board.

**American Association for Accreditation of
Ambulatory Surgery Facilities Inc. (AAAASF)**

5101 Washington Street, Suite 2F, Gurnee, IL 60031
Telephone #: (847) 775-1970
Fax #: (847) 775-1985
Internet Web site: <http://www.aaaasf.org>

**Accreditation Association for
Ambulatory Health Care (AAAHc)**

3201 Old Glenview Road, Suite 300, Wilmette, IL 60091
Telephone #: (847) 853-6063 or (847) 853-6060
Fax #: (847) 853-9028
Internet Web site: <http://www.aaahc.org>

**Joint Commission on Accreditation
of Healthcare Organizations (JCAHO)**

One Renaissance Boulevard
Oakbrook Terrace, IL 60181
Telephone #: (630) 792-5260
Fax #: (630) 792-4797
Internet Web site: <http://www.jcaho.org>

The Institute for Medical Quality (IMQ)

221 Main Street, San Francisco, CA 94105
Telephone #: (415) 882-5165
Fax #: (415) 882-5149
Internet Web site: <http://www.imq.org>

For further information concerning this law, please contact the Licensing Program of the Board at (916) 263-2645.

licensee whose renewal fee has been waived pursuant to this section shall not engage in the practice of medicine unless and until the licensee pays the current renewal fee and does either of the following:

(a) Establishes to the satisfaction of the Board, on a form prescribed by the Board and signed under penalty of perjury, that the licensee's disability either no longer exists or does not affect his or her ability to practice medicine safely.

(b) Signs an agreement on a form prescribed by the Board, signed under penalty of perjury, in which the licensee agrees to limit his or her practice in the manner prescribed by the reviewing physician.

For further information or to request an application form, please contact the Consumer Information Unit at (916) 263-2382.

LETTERS OF GOOD STANDING

Letters of Good Standing are available from the Medical Board for a fee of \$10.00 each. Please forward your request in writing to: Medical Board of California, Licensing Program, 1426 Howe Avenue, Suite 54, Sacramento, CA 95825. Your request should include your name, California medical license number, the name and address of the licensing agency where you wish each letter to be sent, and must include the appropriate fees. For further information, please contact the Consumer Information Unit at (916) 263-2382.

OUTPATIENT SURGERY SETTINGS

Effective July 1, 1996, California law prohibits physicians from performing some outpatient surgery, unless it is performed in a licensed or accredited setting.

Section 2216 of the Business and Professions Code (B&P) reads:

"On or after, July 1, 1996, no physician and surgeon shall perform procedures in an outpatient setting using anesthesia, except local anesthesia or peripheral nerve blocks, or both, complying with the community standard of practice, in doses that, when administered, have the probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes, unless the setting is specified in Section 1248.1. Outpatient settings where anxiolytics and analgesics are administered are excluded when administered, in compliance with the community standard of practice, in doses that do not have the probability of placing the patient at risk for loss of the patient's life-preserving protective reflexes."

CONTINUING MEDICAL EDUCATION (CME) WAIVERS:

If you currently hold a CME waiver from the Board for the current renewal period, **SIGN BOX "D"** of PART 3 to certify that you are in compliance with the CME requirement.

PHYSICIAN'S RECOGNITION AWARD:

A maximum of 60 hours of continuing education shall be granted and applied to the CME requirement for renewal to a physician for receiving the Physician's Recognition Award.

CREDIT FOR BOARD CERTIFICATION OR

RECERTIFICATION:

Any physician who takes and passes a certifying or recertifying examination administered by a recognized specialty board shall be granted credit for four (4) consecutive years (100 hours) of continuing education credit for relicensure purposes. Such credit may be applied retroactively or prospectively. If you are entitled to this credit, **SIGN BOX "D"** of Part 3 to certify your compliance with the CME requirement.

If you have any additional questions, please contact the CME Coordinator at (916) 263-2645. If you would like to obtain the Board's *booklet* on CME requirements, please contact the Consumer Information Unit at (916) 263-2382.

BOX "F"

\$25 FAMILY PHYSICIAN TRAINING FEE

As you renew your license, you will notice that there is an area on the license renewal application which allows you to contribute \$25 to provide training for family physicians and other primary care providers who will serve medically underserved rural and inner city Californians, refugees, the frail elderly, and people with AIDS.

This voluntary program was established as a result of legislation authored by the late Dr. William Filante and is supported by the California Medical Association, the California Academy of Family Physicians and other leading health care organizations. Dr. Filante's bill authorized the State's Office of Statewide Health Planning and Development (OSHPD) to accept contributions from certain foundations, health maintenance organizations, health insurers, and other entities to augment these primary care training programs which are located in hospitals throughout California. All funds contributed will be matched with equal amounts from the University of California and the State General Fund. For more information on the Family Physician Training Program, please contact OSHPD at 1600 9th Street, Room 433, Sacramento, CA 95814.

To make your contribution, please:

- 1) **CHECK BOX "F"** on PART 3 of the renewal application;
- and 2) **add \$25** to your license renewal check.

BOX "G"

FINANCIAL INTEREST STATEMENT

California's Financial Interest Disclosure law (Section 2426 of the Business and Professions Code) requires you

to disclose any financial interest that you or your immediate family members may have in specified health-related facilities. This information will be available to other government agencies and public and private third party payers.

INSTRUCTIONS

To comply with the financial interest disclosure requirement:

1. **List any interests** you or your immediate family members have in health-related facilities in the area provided **on the reverse side of Part 3** of the renewal application (*If you have NO interests to disclose, please write "NONE."*); **AND**,
2. **SIGN the statement in BOX "G"** on PART 3.

The following information is provided to assist you with completing the financial interest statement. The hypothetical situations given address some of the most commonly asked questions by physicians on the requirements for financial interest disclosure and are not intended to include all circumstances.

*Some situations may be complex involving subject matter such as facility space subleasing or multi-user shared services. **If your particular situation is one that is not easily determined with the use of the information included in this booklet, you are encouraged to consult with independent legal counsel for assistance.***

You may also submit your questions in writing to the Medical Board's Licensing Program at 1426 Howe Avenue, Suite 54, Sacramento, CA 95825. However, please be aware that a response may not reach you prior to the expiration of your license. As there are no time extensions granted for renewal, you will be required to complete the financial interest statement and renew your license prior to its expiration date.

FINANCIAL INTEREST DEFINITIONS:

FINANCIAL INTEREST means and includes any type of ownership interest including share or stock ownership, limited partnership interest, debt, loan, lease, compensation, remuneration, general or limited partnership interest, discount, rebate, refund, dividend, distribution, subsidy, or other form of direct or indirect payment of money or anything else of value to a licensee or the licensee's immediate family from a health-related facility. It also includes an ownership interest in an entity, corporation, or partnership that leases property to a health-related facility.

A financial interest **does not include** the ownership of corporate investment securities, including shares, bonds, or other debt instruments that (1) are purchased from a licensed securities broker on terms available to the general public through a licensed securities exchange or NASDAQ, (2) do not base any profit distributions or other transfers of

must pay the full renewal fee. To reactivate a license, one must submit proof of having completed 50 hours of approved CME credits.

For further information or to request an application form, please contact the Consumer Information Unit at (916) 263-2382.

RETIRED STATUS (EXEMPTION FROM PAYMENT OF RENEWAL FEES):

A licensee who holds a retired license will be exempt from payment of the renewal fees and the continuing medical education (CME) requirements. However, the holder of a retired license may not engage in the practice of medicine.

For further information or to request an application form, please contact the Consumer Information Unit at (916) 263-2382.

VOLUNTARY SERVICE STATUS (EXEMPTION FROM PAYMENT OF RENEWAL FEES):

The renewal fee shall be waived for a physician and surgeon who certifies to the Medical Board of California that the license renewal is for the sole purpose of providing voluntary, unpaid service. A licensee whose renewal fee has been waived pursuant to this section must comply with the Continuing Medical Education (CME) requirements.

For further information or to request an application form, please contact the Consumer Information Unit at (916) 263-2382.

MILITARY STATUS (EXEMPTION FROM PAYMENT OF RENEWAL FEES):

Any physician who is engaged in full-time training or active service in the Army, Navy, Air Force, Marines, or in the United States Public Health Service may be eligible for exemption from payment of the renewal fee. Anyone receiving a Military exemption may not engage in any private practice and will be liable for payment of the current renewal fee upon his or her discharge from full-time active service and will have a period of 60 days after becoming eligible within which to pay the renewal fee before late payments are required. Physicians in Military status must still meet all CME requirements.

For further information or to request an application form, please contact the Consumer Information Unit at (916) 263-2382.

DISABLED STATUS (EXEMPTION FROM PAYMENT OF RENEWAL FEES):

Any licensee who demonstrates to the satisfaction of the Board that he or she is unable to practice medicine due to a disability may request a waiver of the license renewal fee. The granting of a waiver shall be at the discretion of the Board and may be terminated at any time. Waivers shall be based on the inability of a licensee to practice medicine. A

address of record to mail your physician's license, license renewal notices and ALL other official correspondence.

PHYSICIAN AND SURGEON LICENSE CLASSIFICATION INFORMATION

ACTIVE LICENSE STATUS:

California law requires that to maintain an active license each physician, including out-of-state physicians, must pay the full biennial renewal fee, comply with the continuing medical education requirement and disclose financial interests in health-related facilities at the time of license renewal.

DELINQUENT LICENSE STATUS:

All licenses EXPIRE at 12 midnight on the last day of the birth month of the licensee's two-year term. A delinquent fee equal to 10% of the renewal fee will be added if payment is not received within 30 days following the expiration date.

THIS 30-DAY PERIOD IS NOT A GRACE PERIOD. THE LICENSE IS NOT VALID ONCE IT EXPIRES.

If the license is not renewed within 90 days from the date of its expiration, a penalty fee equal to 50% of the renewal fee will be added to the delinquent and renewal fees already owed. Under current provisions of law, an expired license may be reinstated within a period of five years after its expiration by paying the current renewal fee, a delinquent fee, a penalty fee, any other accrued renewal fees, certification of compliance with the CME requirement and disclosure of financial interests in health-related facilities.

If you have any questions concerning delinquent or penalty fees, please contact the Cashiering Section of the Medical Board at (916) 263-2637.

CONTINUING EDUCATION (CME) WAIVER (EXEMPTION FROM THE REQUIREMENT):

Any physician who is unable to complete the minimum CME requirements due to health, military service or undue hardship may request a CME waiver. Any physician who submits an application for a CME waiver which is denied by the Division, will be allowed to renew his/her license one time, however you will be required to make up the deficient hours over your next renewal period and document to the board 150 CME hours by the end of that renewal period.

To request a CME waiver application form, please contact the Consumer Information Unit at (916) 263-2382. For further information concerning CME and the renewal of your license, please contact the CME Coordinator at (916) 263-2645.

INACTIVE STATUS (EXEMPTION FROM THE CME REQUIREMENT):

Any physician who is not practicing medicine in the State of California may become exempt from the CME requirement by placing his or her license in an Inactive status. A physician whose license is in an Inactive status

(7)

value on the licensee's referral of patients, (3) do not have a separate class or accounting for any persons who may make patient referrals to the corporation, and (4) are in a corporation which has total gross assets exceeding \$100,000,000.

HEALTH-RELATED FACILITY means any facility that provides clinical laboratory services, radiation oncology, physical therapy, physical rehabilitation, psychometric testing, home infusion therapy, diagnostic imaging, or outpatient surgery. Diagnostic Imaging includes x-ray, computed axial tomography, magnetic resonance imaging, nuclear medicine, positron emission tomography, mammography, and ultrasound goods and services.

IMMEDIATE FAMILY means a spouse, child or parent of a licensee, and a spouse of a child of a licensee.

FINANCIAL INTERESTS QUESTIONS & ANSWERS

- 1) *How may I determine whether health-related facilities I have interest in are reportable under the Medical Board's financial interest disclosure requirement?*

ANSWER:

Section 2426 of the California Business and Professions Code requires that you disclose financial interests that you or your immediate family may have in health-related facilities. The law defines a health-related facility as one that provides any of the following 8 services: **1)** clinical laboratory services; **2)** radiation oncology; **3)** physical therapy; **4)** physical rehabilitation; **5)** psychometric testing; **6)** home infusion therapy; **7)** diagnostic imaging; or **8)** outpatient surgery.

To determine whether a financial interest you or your immediate family may have in a health-related facility is disclosable under the requirement, keep in mind that the law requires disclosure of financial interests only in facilities providing the 8 types of services listed above. If the facility provides one of these 8 services, it should be listed in the reporting section on PART 2 of the renewal application. If the financial interest is in a facility that does not provide one of these 8 services, do not report it on PART 2.

- 2) *Dr. Branch is a radiologist and is sole owner of his diagnostic imaging facility. Dr. Branch provides services only to his patients, he receives no referrals for services. Is Dr. Branch required to list his ownership in his facility as a financial interest?*

ANSWER:

YES. Dr. Branch owns interest in a facility that provides services in one of the 8 types defined in Section 2426 and should disclose this interest in the reporting section on PART 2 of the renewal application.

(4)

- 3) *Dr. Westin owns a financial interest in a home health supply company that provides wheel chairs, respiratory equipment and other rehabilitation equipment. Is Dr. Westin required to disclose this ownership as a financial interest?*

ANSWER:

NO. The type of service provided by the company Dr. Westin owns interest in is not included in the 8 types of services defined in Section 2426.

- 4) *Dr. Perez's spouse's parents have ownership in a clinic that provides outpatient surgical services. Is Dr. Perez required to disclose this interest as being one owned by his immediate family?*

ANSWER:

NO. Dr. Perez's father-in-law and mother-in-law are not included in the definition of immediate family per Section 2426.

BOX "H"

**\$50 S.M. Thompson Physician Corps
Loan Repayment Program Fee**

You may contribute \$50 to provide support for the Steven M. Thompson Physician Corps Loan Repayment Program (Program). This Program encourages recently licensed physicians to practice in underserved locations in California by authorizing a plan for repayment of their medical school loans in exchange for their service in a designated medically underserved area for a minimum of three years.

The Program was established as a result of AB 982 Firebaugh (Statutes 2002, Chapter 1131) to increase the access to healthcare for underserved locations of the state. Physicians are offered loan repayments up to \$105,000 paid from the Medically Underserved Account for Physicians created for this Program.

This voluntary fee was established as a result of AB 327 de la Torre (Statutes 2005, Chapter 293) to help provide a continuous source of funding for the Program which will allow loan repayments into the future. Monies collected will complement matching grants to sustain the Program.

For more information on the Program, please visit the website at <http://www.medbd.ca.gov/MDLoan.htm> or by e-mail: MDLoan@medbd.ca.gov.

To make your contribution, please:

- 1) **CHECK BOX "H"** on PART 3 of the renewal application; and 2) **add \$50** to your license renewal check.

SOCIAL SECURITY NUMBERS

California law requires that physicians disclose their Social Security Number (SSN) as a condition of license renewal (*for more information on disclosure of your SSN, please refer to the disclosure statement on PART 2 of the license renewal application*).

Please write your SSN in the area provided on PART 3 of the license renewal application, if it is not shown.

**PLEASE BE AWARE THAT FAILURE TO COMPLY WITH
THIS REQUIREMENT WILL RESULT IN A DELAY OF
YOUR RENEWAL.**

NAME CHANGES

California law requires physicians to report each and every change of name to the Board within 30 days of the name change. To report a change of name, a physician must complete and submit a *Notification of Name Change* form. The form may be requested by calling the Consumer Information Unit at (916) 263-2382 or by downloading from the Board's Web site at www.caldocinfo.ca.gov - *click on "forms."*

ADDRESS OF RECORD

California law requires physicians to report each and every change of address to the Board within 30 days of the address change, reporting both the old and new address. If the new address being reported is a post office box (P.O. Box), the physician is also required by law to provide the Board with a (separate) confidential street address. Address changes must be reported to the Board by writing:

Medical Board of California
Licensing Program-Licensing Operations Section
1426 Howe Avenue, Suite 54
Sacramento, California 95825

IMPORTANT!!!

California law requires the Board to provide, upon written or verbal request, an address of a physician. The address of record may be released to any individual or entity who inquires. A physician should carefully consider the address of record he or she provides to the Board, and may wish to utilize the physician's home or office address, or may choose to provide:

1. A post office box as the address of record that will be listed for public information. However, a (separate) street address must also be provided to the Board which will be regarded as a confidential address; **OR**,
2. The physician's employer's address, billing address or the address of a family member or friend. Please ensure that you receive permission from the appropriate party for the use of an address other than your own.

Special Note: Please be aware that in addition to the requirement that your address of record be disclosed to those that inquire, your address of record will appear on the Board's Internet Web site. The Board will also use your